

## REQUEST FOR RENTAL/USE OF FACILITIES APPLICATION

JCTC Gallatin Co Adult Education

NAME OF REQUESTING ORGANIZATION

Lower Elementary Cafeteria

AREA OF THE FACILITY

Jane Mefford

PERSON SUPERVISING ACTIVITY

August-November/February-May

DATE(S) REQUESTED

TIME: 3:15-4:45 PM

(Please specify AM or PM )

THE REQUEST AREA(S) OF THE FACILITY WILL BE USED FOR THE FOLLOWING ACTIVITIES:

Homework Buddies

Is the organization planning to conduct sales on school premises? No

SCHOOL EQUIPMENT TO BE USED: tables

APPROXIMATE #OF PERSONS: 40

☒ I request waiver of the rental fee. Please X if applicable

☒ I request waiver of the charge for custodian. Please X if applicable

Fee Schedule

The organization agrees to pay the applicable fee(s) for the use of District facilities

Facility/Equipment Fee \$ Click here to enter text.

Personnel Cost \$ Click here to enter text.

Insurance Cost \$ Click here to enter text.

Total Cost \$ Click here to enter text.

I have read the Rules and Regulations for Community Use of School Facilities and agree on behalf of the requesting organization to assume personal responsibility for the proper use of the above named areas of the facility.

Dona Roberts

SIGNATURE OF PERSON MAKING  
REQUEST ON BEHALF OF THE  
ORGANIZATION

33 Boardwalk, Warsaw, Ky

Address

PHONE

Home 859-5676046 Cell text.

DATE August 1, 2011

*In the event school is closed due to weather conditions, all scheduled activities, with the exception of dinner meetings, will be cancelled and opportunity to reschedule or refund rental fee(s) will be made.*

### **AREA BELOW FOR OFFICIAL USE ONLY**

Click here to enter text.

MARTHA SEBRING for Caf  Requests  
Requests

Click here to enter text.

JON JONES/LINDA EDMONDSON for Gym

Click here to enter text.

KEITH HOWARD for Auditorium Requests

Click here to enter text.  
PRINCIPAL

Type signature here

SUPERINTENDENT

BOARD CHAIR

DATE